

For the year January 1 - December 31, 2003, or other taxable year ► beginning \_\_\_\_\_, 2003, ► ending \_\_\_\_\_, \_\_\_\_\_.

<b>Label</b>	L A B E L	Your First Name and Middle Initial	:	Last Name	▶	<b>Your Social Security Number</b>
Use the DRS label located on cover.	B E L	If a <i>JOINT</i> Return, Spouse's First Name and Initial	:	Last Name	▶	<b>Spouse's Social Security Number</b>
Otherwise, print or type. (See instructions, Page 14)	H E R E	Home Address (number and street), Apartment Number, PO Box	▶		▶	<b>IMPORTANT!</b> You must enter your SSN(s) above.
	E	City, Town, or Post Office		State	ZIP Code	DRS USE ONLY
		▶				- -20



**WEBFILE OR E-FILE YOUR RETURN FOR FASTER REFUND, see Page 4.**

Check here if you **do not** want forms sent to you next year. Checking this box does not relieve you of your responsibility to file ... ☐

If you are required to file Form CT-2210 and checked any boxes on Part 1 of that form, check here ☐

## Filing Status

Check only  
one box.

**NOTE:** Generally, your filing status **must** be the same as your federal income tax filing status for this year (See instructions, Page 14).

- ▶ A. ☐ Single
- ▶ B. ☐ Married filing jointly or Qualifying widow(er) with dependent child
- ▶ C. ☐ Married filing *SEPARATELY*. Enter spouse's SSN above and full name here: \_\_\_\_\_
- ▶ D. ☐ Head of household (with qualifying person)

[illegible]

Make your check or money order payable to:

**"Commissioner of Revenue Services"**

To ensure proper posting, write your SSN(s) and "2003 Form CT-1040" on your check or money order.

Use envelope provided, with correct mailing label, or mail to:

For refunds and all other tax forms without payment:

Department of Revenue Services  
PO Box 2976  
Hartford CT 06104-2976

**For all tax forms with payment:**

Department of Revenue Services  
PO Box 2977  
Hartford CT 06104-2977

**Taxpayers must sign declaration on reverse — Due date: April 15, 2004 — Attach a copy of all applicable schedules and forms to this return.**

Schedule 1 **Modifications To Federal Adjusted Gross Income (enter all amounts as positive numbers)**

Additions to Federal Adjusted Gross Income (See instructions, Page 18)	30. Interest on state and local government obligations other than Connecticut	▶	30		00
	31. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	▶	31		00
	32. Special depreciation allowance for qualified property placed in service during this year	▶	32		00
	33. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	▶	33		00
	34. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if greater than zero)	▶	34		00
	35. Loss on sale of Connecticut state and local government bonds	▶	35		00
	36. Other - specify _____	▶	36		00
	37. <b>TOTAL ADDITIONS</b> (Add Lines 30 through 36) Enter here and on Line 2.	▶	37		00
Subtractions from Federal Adjusted Gross Income (See instructions, Page 19)	38. Interest on U.S. government obligations	▶	38		00
	39. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	▶	39		00
	40. Social Security benefit adjustment (See Social Security Benefit Adjustment Worksheet, Page 20)	▶	40		00
	41. Refunds of state and local income taxes	▶	41		00
	42. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	▶	42		00
	43. Special depreciation allowance for qualified property placed in service during the preceding year	▶	43		00
	44. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if less than zero)	▶	44		00
	45. Gain on sale of Connecticut state and local government bonds	▶	45		00
	46. Other - specify (Do not include out-of-state income) _____	▶	46		00
		47. <b>TOTAL SUBTRACTIONS</b> (Add Lines 38 through 46) Enter here and on Line 4.	▶	47	

Schedule 2 **Credit for Income Taxes Paid to Qualifying Jurisdictions**

<b>Important:</b> You must attach a copy of your return filed with the qualifying jurisdiction(s) or your credit will be disallowed.	48. <b>MODIFIED CONNECTICUT ADJUSTED GROSS INCOME</b> (See instructions, Page 24)	▶	48		00
	<b>FOR EACH COLUMN, ENTER THE FOLLOWING:</b>				
	49. Enter qualifying jurisdiction's name and two-letter code (See instructions, Page 24)	▶	49		
	50. Non-Connecticut income included on Line 48 and reported on a qualifying jurisdiction's income tax return (Complete Schedule 2 Worksheet, Page 23)	▶	50		00
	51. Divide Line 50 by Line 48 (May not exceed 1.0000)	▶	51		
	52. Income tax liability (Subtract Line 11 from Line 6)	▶	52		00
	53. Multiply Line 51 by Line 52	▶	53		00
	54. Income tax paid to a qualifying jurisdiction (See instructions, Page 25)	▶	54		00
	55. Enter the lesser of Line 53 or Line 54	▶	55		00
	56. <b>TOTAL CREDIT</b> (Add Line 55, all columns) Enter here and on Line 7.	▶	56		00

Schedule 3 **Credit for Property Taxes Paid on Your Primary Residence and/or Motor Vehicle**

QUALIFYING PROPERTY	COLUMN A	COLUMN B	COLUMN C	COLUMN D	COLUMN E	
	Name of Connecticut Tax Town or District	Description of Property If primary residence, enter street address If motor vehicle, enter year, make, and model	List or Bill Number (If available)	Date(s) Paid (See instructions, Page 25)	Amount Paid	
PRIMARY RESIDENCE					57 ▶	00
AUTO 1					58 ▶	00
MARRIED FILING JOINTLY ONLY - AUTO 2					59 ▶	00
Property Tax Credit Calculation	60. <b>TOTAL PROPERTY TAX PAID</b> (Add all amounts for Column E)				60 ▶	00
	61. <b>MAXIMUM PROPERTY TAX CREDIT ALLOWED</b>				61	350 00
	62. Enter the <b>Lesser</b> of Line 60 or Line 61.				62	00
	63. <b>Limitation</b> - Enter the result from the <i>Property Tax Credit Limitation Worksheet</i> (See Page 27)				63	00
	64. Subtract Line 63 from Line 62. <b>Enter here and on Line 11.</b>				64 ▶	00

Schedule 4 **Contributions of Refund to Designated Charities (See instructions, Page 28)**

AIDS Research	▶	\$2	▶	\$5	▶	\$15	▶	other	▶	.00	Breast Cancer Research	▶	\$2	▶	\$5	▶	\$15	▶	other	▶	.00
Organ Transplant	▶	\$2	▶	\$5	▶	\$15	▶	other	▶	.00	Safety Net Services	▶	\$2	▶	\$5	▶	\$15	▶	other	▶	.00
Endangered Species/Wildlife	▶	\$2	▶	\$5	▶	\$15	▶	other	▶	.00											
65. <b>TOTAL CONTRIBUTIONS.</b> Enter here and on Line 23.											65				00						

Third Party Designee	Do you authorize DRS to contact another person about this return? (See Page 17) <input type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No		
	Designee's Name	Telephone Number ( )	Personal Identification Number (PIN) <input type="text"/>
Sign Here Keep a copy for your records.	I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand that the penalty for willfully delivering a false return to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.		
	Your Signature	Date	Daytime Telephone Number ( )
	Spouse's Signature (if joint return)	Date	Daytime Telephone Number ( )
	Paid Preparer's Signature	Date	Telephone Number ( )
Firm's Name, Address, and ZIP Code			FEIN